

## FACSIMILE COVER SHEET

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March 30, 2004

**GROUP: 1632****FAX NUMBER: 1-703-872-9306****ATTORNEY DOCKET NO.: ISPH-0765****SERIAL NO.: 10/642,802****FILED: August 18, 2003****NUMBER OF PAGES: 8**  
(including this sheet)

**MESSAGE:** Attached is an Amendment Transmittal Letter (in duplicate)  
and a Preliminary Amendment.

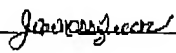
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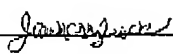
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>ISPH-0765</b>	
Applicant(s): <b>Graham and Watt</b>					
Serial No. <b>10/642,802</b>	Filing Date <b>August 18, 2003</b>	Examiner <b>Not yet assigned</b>		Group Art Unit <b>1632</b>	
Invention: <b>ANTISENSE MODULATION OF COMPLEMENT COMPONENT C3 EXPRESSION</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-1619</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 _____ Signature			Dated: <b>March 30, 2004</b>		
<b>June Massey Licata</b> Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454			<div style="border-bottom: 1px solid black; margin-bottom: 10px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px; text-align: center;">Signature of Person Mailing Correspondence</div> <div style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div>		
cc:					

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